

Requirements to Facilitate the Determination of Services Requiring Pre-Authorization

Pre-treatment Radiographs

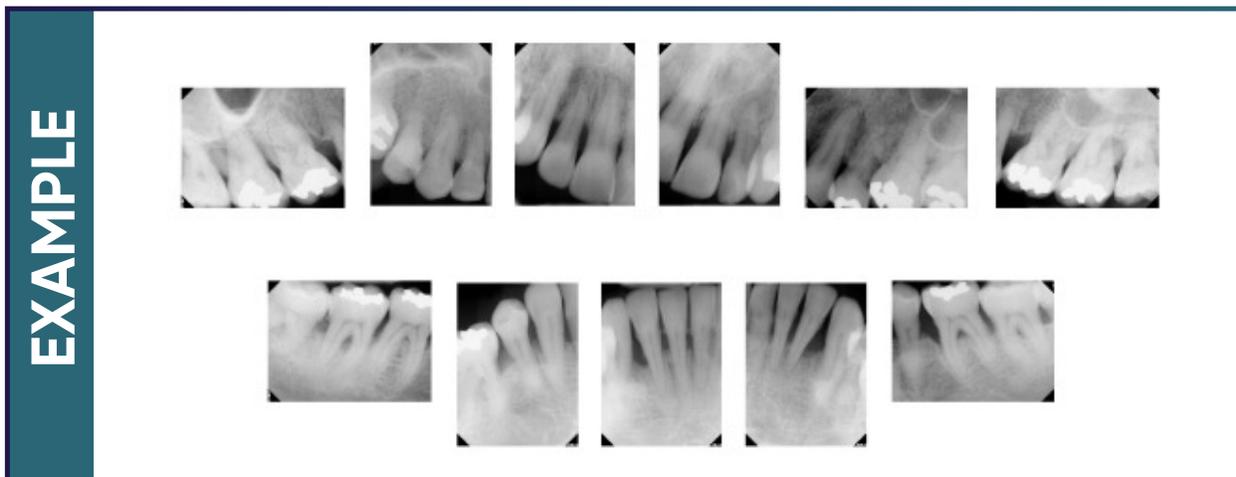
- **All radiographs** should be labeled with the patient's name and date and must be of diagnostic quality.
- **Periapical films** and all **x-rays** for crown/bridge must show the apex of the tooth/teeth.
- **Bitewing X-rays** are not acceptable for crown & bridge and removable prostheses.
- **All submitted radiographs** must be the correct type for the submitted procedure.

Example of a Radiograph with all requirements

Report Edited on 1/19/24		DE TAL, FULANO	
		Date of Birth	
			
Acquisition Date 11/7/23	Acquisition Date \$\$image	Acquisition Date \$\$image	Acquisition Date \$\$image

Procedure: CROWNS

- **Periapical X-Rays**



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Implants

- Panoramic X-Ray or Periapical X-rays



Removable Dentures

- Panoramic X-Ray or Periapical X-rays
 - Anterior & Posterior



- All X-Rays must identify right (R) or left (L).
- Post-operative **periapical x-rays** of completed root canal treatments will be required when a core build-up, post and core, and crown are placed.

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Narratives

- **All narratives** must include the patient's signs and symptoms that support the proposed treatment.
- **Include** a narrative when necessary to support the procedure or service, even if it is not required specifically by the guidelines.

Procedure

- **CROWNS**
Narrative is require to indicate the necessity of a crown. They are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations.
- **IMPLANTS**
Narrative stating why this procedure is necessary (Medical Necessity*).

Proposed Treatment Plan

- In the evaluation of a requested procedure, the whole treatment cannot be assumed. It must be specified in writing including the dental procedures before the requested service.

RECORD OF SERVICES PROVIDED																		
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee									
	20	JP		DL	D4260		1	OSSEOUS SURGERY (INCLUDING ELEVATION O...	384 00									
	20	JP	14	DL	D4263		1	BONE REPLACEMENT GRAFT - FIRST SITE IN...	160 00									
	20	JP	13	DL	D6010		1	SURGICAL PLACEMENT OF IMPLANT BODY: EN...	820 00									
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier		(ICD-10 = AB)		31a. Other Fee(s)									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	C	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	B	D	32. Total Fee
35. Remarks										1364 00								
Self Insured Implant M/S 4.2x11.5 Para Coronas Individual.																		

***Definition of Medical Necessity** Every dental procedure included in a pre-authorization must have a clinical reason for being performed, this is defined as "medical necessity" according to the standards of care established by federal programs. In this way, the need for the dental treatment and services requested from the medical plan can be justified, when it cannot be established solely with the radiographic evidence submitted by the dental provider.